

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS STANDARD CERTIFICATE OF BIRTH

State File No. 172
Registered No. 74

1. PLACE OF BIRTH

County Gila State Ariz
District or Township _____ or Village _____
City Globe No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child

Francis Miranda
(If child is not yet named, make supplemental report, as directed.)

3. Sex of Child

Male

To be answered ONLY
in event of plural
births.

4. Twin, triplet or other

1

6. Legitimate?

yes

7. Date of birth

May 15, 1929
Month Day Year

8.

FATHER

Full name

Jernando Miranda

14.

MOTHER

Full maiden name

Ramona Soto

9. Residence

(Usual place of abode)

If non-resident, give place and state.

Globe
Ariz.

15. Residence

(Usual place of abode)

If non-resident, give place and state.

Globe
Ariz.

10. Color or race

Mex.

11. Age at last birthday

29 (Years)

16. Color or race

Mex.

17. Age at last birthday

23 (Years)

12. Birthplace (city or place)

(State or country)

Pierce
Ariz.

18. Birthplace (city or place)

(State or country)

Redington
Ariz.

13. Occupation

Nature of Industry

Miner

19. Occupation

Nature of Industry

Housewife

20. Number of children of this mother

(Taken as of time of birth of child herein certified and including this child.)

4

(a) Born alive and now living

3

(b) Born alive but now dead

1

(c) Stillborn

0

21. Were precautions taken against ophthalmia neonatorum?

Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 1:00 P. m. on the date above stated.
(Born alive or stillborn.)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature

T. I. Harper
Physician

(Physician or Midwife).

Given name added from
a supplemental report

Month, day, year

Address Globe, Arizona

Filed _____, 19 _____

Registrar

Registrar

641-515-926